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(Depositor's name) (Signature (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/529,606 02/14/2006 Ulrich Robs ROHS ET AL -19 PCT 1697 86/18/2889 NNGUYEN2 00000121 032468 10529606 TITLE OF INVENTION: EPICYCLIC GEAR 01 FC:2501 755.00 DA 02 FC:1504 03 FC:8001 300.00 DA ISSUE FEE OUR PREV. PAID ISSUE FEE TOTAL FEE(S) DUE APPLN. TYPE PUBLICATION FEE DUE SMALL ENTITY DATE DUE YES \$755 nonprovisional \$300 \$0 \$1055 06/30/2009 **EXAMINER** ART UNIT CLASS-SUBCLASS WRIGHT. DIRK 3655 475-312000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list r Collard & Roe, P.C. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Ulrich Rohs Düren, Germany Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🔲 corporation or other private group entity 🚨 Government 4a. The following fee(5) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-246 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2) NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature Typed or printed name <u>EDWAR</u> Registration No.

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